



# FINANCIAL STATEMENT

State Form 51798 (R / 7-16) / CSB 0011  
DEPARTMENT OF CHILD SERVICES

\* The request for your Social Security number is **MANDATORY** and the information contained on this form is **CONFIDENTIAL** according to 45 CFR 303.21 and 45 CFR 303.70.

## SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT

Date (month, day, year)	Case number
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Name	Social Security number *	Telephone number ( )
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Mailing address (number and street, city, state, and ZIP code)

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Residence address (number and street, city, state, and ZIP code)

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County

Number of dependents in this case

### LIST BELOW PERSONS LIVING WITH YOU FOR WHOM YOU ARE LEGALLY RESPONSIBLE.

NAME	DATE OF BIRTH (month, day, year)	RELATIONSHIP

### OTHER PERSONS PRESENTLY SUPPORTED BY YOU UNDER A COURT OR ADMINISTRATIVE ORDER:

NAME	ADDRESS	RELATIONSHIP	DOB	AMT. OF SUPPORT	PAYMENT FREQ.	TYPE OF OBLIGOR.

Spousal support if received. Date of order (month, day, year) and name of court.

Amount: Per: \_\_\_\_\_ To / From: \_\_\_\_\_

### CURRENT EMPLOYER

Current gross monthly income \$	Type	Frequency \$ _____ per _____	Occupation	Total income over last twelve (12) months \$
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Employer / income	Telephone number ( )	State date (month, day, year)
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Address of employer (number and street, city, state, and ZIP code)

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**SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT (continued)**

**OTHER - EMPLOYER / INCOME (for second job, etc.)**

Gross monthly income \$	Type	Frequency \$ _____ per _____	Occupation	Total income over last twelve (12) months \$
Employer / income			Telephone number (       )	State date (month, day, year)

Address of employer (number and street, city, state, and ZIP code)

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**PREVIOUS EMPLOYER**

Name of employer	Average weekly salary \$
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Address of employer (number and street, city, state, and ZIP code)

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**AMOUNT RECEIVED PER MONTH**

**INCOME:** List all other sources on a monthly basis.

Disability:	\$
Unemployment:	\$
Retirement:	\$
Social Security:	\$
VA Benefits:	\$
Trust Fund or Annuity:	\$
TANF:	\$
Workman's Compensation	\$
Other:	\$
<b>TOTAL INCOME:</b>	\$

**List extraordinary expenses for children.** Dental and Medical Care not covered by insurance:

CREDITOR	NAME OF CHILD	ITEM	EXPENSE DATE (month, day, year)	MONTHLY PAYMENT	UNPAID BALANCE
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**Child Care Information:**

PROVIDER	NAME OF CHILD	AMOUNT PAID	FREQUENCY
		\$	
		\$	
		\$	
		\$	

**SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT (continued)**

**Health Insurance:**

1. Is health insurance available at your place of employment?

Yes  No

2. Do you have a health insurance policy?

Yes  No

If yes, state the beginning date for dependent coverage. (month, day, year)

Policy number

Type of coverage

Name of insurance company

Name(s) of person(s) covered

3. Is health insurance available through other groups or organization or your union?

Yes  No

If yes, what group?

**SECTION B: FOR NON-CUSTODIAL PARENT ONLY**

**PROPERTY AND RESOURCES:**

1. Do you own in whole or part of the following? (Please indicate how much, if partially owned.)

Real Estate:

(Land or Building)

Yes  No

Fair Market Price:

Location:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount owed on property:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Mortgages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is property

income

producing?

Yes  No

Amount of profit per year:

\$ \_\_\_\_\_

Amount owed on property:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Mortgages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is property

income

producing?

Yes  No

Amount of profit per year:

\$ \_\_\_\_\_

2. Motor vehicles, campers, boats and farm equipment:

YEAR, MAKE, AND MODEL	LICENSE NUMBER	AMOUNT OWED	LIEN HOLDER

3. Other assets? (explain)

Yes  No

4. To whom do you pay utilities?

ELECTRIC	GAS	TELEPHONE	SEWER

**SECTION B: FOR NON-CUSTODIAL PARENT ONLY (continued)**

**PROPERTY AND RESOURCES (continued):**

5. Bank accounts? (*explain*)

Yes  No

NAME AND LOCATION OF BANK OR CREDIT UNION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
	<input type="checkbox"/> Savings		\$
	<input type="checkbox"/> Checking		\$
	<input type="checkbox"/> Savings		\$
	<input type="checkbox"/> Checking		\$

6. Stocks or bonds

7. Other insurance policies (*List company and policy number.*)

**SECTION C: FOR CUSTODIAL PARENT AND NON-CUSTODIAL PARENT**

**NOTARY CERTIFICATE (SWORN OATH)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SS:

I affirm under the pains and penalties of perjury, that the above and foregoing representations are true and correct to the best of my ability. I further agree to notify the Child Support Enforcement Office immediately of any changes in my income or expenses.

Signature of custodial parent	Date subscribed and sworn to Notary Public ( <i>month, day, year</i> )	
Printed or typed name of custodial parent	Signature of Notary Public	
Signature of non-custodial parent	Printed or typed name of Notary Public	
Printed or typed name of custodial parent	County of residence	Date commission expires ( <i>month, day, year</i> )